LOS ANGELES COUNTY COMMISSION ON HIV

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COMMISSION ON HIV
MEETING MINUTES
March 9, 2006

MEMBERS PRESENT	MEMBERS PRESENT *(cont.)*	PUBLIC *(cont.)*	PUBLIC *(cont.)*
Carla Bailey, *Co-Chair*	Wendy Schwartz	Karen Dalton	Gilbert Varela
Anthony Braswell, *Co- Chair*	James Skinner/Susan McGinnis	Brenda De La Torre	Ima Villanova
Ruben Acosta	Jonathan Stockton	Adrienne DeVine	Rose Villegas
Carrie Broadus	Peg Taylor	Julie Falk	Jerry Van Voorst
Robert Butler/Gary Vrooman	Kathy Watt	Lisa Fisher	Tony Wafford
Charles Carter	Fariba Younai	Susan Forrest	Tim Walton
Mario Chavez		Jessie Gruttadauria	Vanessa Watlay
Alicia Crews-Rhoden		Mario Guerrero	Sharon White
Nettie DeAugustine	**MEMBERS ABSENT**	Matt Hamilton	Patricia Woody
Whitney Engeran		L. Humphreys	Rocio Young
Hugo Farias	Adrian Aguilar/ Daisy Aguirre	Miki Jackson	
Douglas Frye	Al Ballesteros	Victoria King	
William Fuentes	Elizabeth Gomez	Kyron Kopanos	**HIV/EPI AND OAPP STAFF**
David Giugni	Andrew Signey	Torina Koresoma	
Jeffrey Goodman	Jocelyn Woodward	Maxine Liggins	Chi-Wai Au
John Griggs		Victor McKaye	Kyle Baker
Richard Hamilton		Flor Monterrosa	Rochaelle Floyd
Marcy Kaplan	**PUBLIC**	Nawoe Morris	Patricia Gibson
Jan King		Karen Ocamb	Michael Green
Brad Land/Dean Page	Alicia Avalos	Freddie Owens	True Pawluk
Kevin Lewis	Cinderella Barrios-Cernik	Brenda Padilla	Mario Pérez
Anna Long	Kafi Battersby	Jose Panedes	David Pieribone
Davyd McCoy	B. Blakely	Jane Price-Wallace	Jacqueline Rurangirwa
Ruel Nolledo	Regina Brandon	Nicholas Rocca	William Strain
Quentin O'Brien	Donna Brown	Ricki Rosales	Gloria Traylor-Young
Everardo Orozco/Ron Snyder	Jasmine Cannick	Jill Rotenberg	Diana Vasquez
Angelica Palmeros	Sumaiya Chitalwalla	Natalie Sanchez	Lanet Williams
Gloria Pérez/Terry Goddard	Genevieve Clavreul	D. Smith	Juhua Wu

COMMISSION STAFF/CONSULTANTS	Mario Almanza	Glenda Pinney	James Stewart
	Virginia Bonila	Elizabeth Ramos	Craig Vincent-Jones
	Jane Nachazel	Doris Reed	Nicole Werner

I. CALL TO ORDER: Mr. Braswell called the meeting to order at 9:00 am. He noted there was a full agenda for the day and complimented Commissioners for enabling the meeting to start on time. He noted Julie Falk, CorrectHELP, would be speaking on the AB 2383. He also called attention to Gilbert Varela, whose Commission appointment had been delayed, but would advance in the near future.

A. Roll Call: Mr. Vincent-Jones called the role and confirmed quorum.

II. APPROVAL OF AGENDA:

- Mr. O'Brien said he was very concerned about the nearly Title I and CDC reductions. He felt the 30-minute discussion period under the OAPP Report on the subject was inadequate. He suggested that following the CorrectHELP presentation and related public comments, further discussion on AB 2383 be postponed for more time to discuss the cuts. Mr. Braswell recommended moving through the agenda more quickly, but maintaining its structure. Mr. Butler said it was important to ensure that everyone had an opportunity to participate in AB 2383 public hearing that had already had been announced. Ms. Watt felt it would be helpful to defer action on the bill, since the Prevention Planning Committee had not yet had the opportunity for its Ad Hoc Public Policy Committee to develop recommendations; by deferring action until April, that feedback could be incorporated. She added that there seemed no special urgency to addressing the bill immediately, whereas the funding cut was urgent.

MOTION #1 ***(O'Brien/Land)***: Postpone action on AB 2383 after Item III, Public Hearing, until the April meeting in order to extend the discussion on funding cuts ***(Passed: Ayes – 20; Noes – 5; Abstentions – 3)***.

MOTION #1A: Approve the agenda order as amended ***(Passed: Ayes – 22; Noes – 5; Abstentions – 2)***.

III. PUBLIC HEARING ***(AB 2383-Inmate HIV Testing)***:

A. State Prisons Summary: Julie Falk, Executive Director of CorrectHELP, addressed the current status of HIV in the state prison system, and summarized how she interpreted the ways in which AB 2383 would impact the state prisons. Ms. Falk's remarks are intended to be inserted as an attachment.

B. Introduction of Legislation: Jasmyne Cannick, Field Representative from the office of Assemblymember Mervyn M. Dymally, author of AB 2383, spoke on behalf of the Assemblymember, and answered questions from the audience and the Commission. Transcribed comments from the public hearing are attached.

C. Public Policy Committee Recommendations: The Committee's recommendations are comprised in the accompanying motion, developed as detailed in the draft Public Policy Committee special meeting minutes included in the meeting packet.

D. Community Comment: Questions, comments and dialogue from the audience and the Commission were included in the public hearing transcript.

E. Morning Recess: Tabled until later in the meeting.

F. Commission Actions: Postponed until the next Commission meeting, on April 13, 2006.

MOTION #2: Support AB 2383 if amended accordingly:

- provide HIV testing upon exit and entry;
- referral to PCRS and community-based care, treatment, mental health and case management services;
- specifically outline the process for enrollment in PCRS and the length of time inmates would be enrolled in PCRS;
- delete subsection E, Section 7506;
- provide care and treatment services to HIV-diagnosed individuals in accordance with approved standards of care;
- notification of HIV serostatus should not go through parole officer;
- incorporate an anti-discrimination provision protecting HIV+ inmates ***(Postponed)***.

IV. CO-CHAIRS' REPORT:

A. **Commission Departures**:

- Mr. Braswell recognized Mr. Kaplan for her years of service to the Commission. He noted there would also be a formal recognition at the next Board of Supervisors meeting. Ms. Kaplan said it had been exciting and interesting experience.

She praised the evolution and growth of the Commission since 1990. The successes and the partnerships developed, she commented, are notable.

- Mr. Braswell also recognized Mr. Vrooman for his years of involvement. Mr. Vrooman responded that he was moving to Las Vegas, where HIV services are scarce. He said lessons learned in Los Angeles will be put to good use there.

B. OAPP Service Cuts: Ms. Bailey said a memo to John Schunhoff requesting details of further follow-up to the Board of Supervisors October 25 motion preventing the implementation of OAPP's proposed contract reductions would be finalized by end of day and copied to Commissioners. It will request progress made since the November 3rd report from Public Health to the BOS. Dr. Schunhoff is also being asked to resume conversations regarding the financial information OAPP is required to send to the Commission.

V. APPROVAL OF MEETING MINUTES:

A. February 9, 2006: Ms. Broadus requested the February minutes reflect that Mr. Pérez had said the ratio of men's new infections to women's is 7:1 (for every seven men newly infected, one woman is newly infected). Mr. Vincent-Jones responded that had already been added. He also reminded Commissioners that not all requests for verbatim remarks can be included since the volume would be prohibitive for staff.

MOTION #3: Approve the minutes from the February 9, 2006 Commission on HIV meeting with correction as noted ***(Passed by Consensus)***.

VI. PARLIAMENTARY TRAINING:

A. Co-Chair Training: Mr. Stewart noted that the Co-Chair training originally scheduled to follow the March Executive Committee meeting was rescheduled to follow the April 3rd Executive Committee meeting. This is a special training for Commission and Committee Co-Chairs. While much of the information will be the same as previously presented to the body, the emphasis will be on a chairperson's role in a meeting. All Co-Chairs were expected to attend.

VII. PUBLIC COMMENT, NON-AGENDIZED: There was no Public Comment.

VIII. COMMISSION COMMENT, NON-AGENDIZED: Ms. Broadus noted people should be careful of potentially offensive language.

IX. PUBLIC/COMMISSION COMMENT FOLLOW-UP:

A. Co-Chair Terms and Elections: Per Commission request, the Recruitment, Diversity and Bylaws (RD&B) Committee reviewed Co-Chair terms and elections. It found the current practices appropriate for maximum effectiveness while ensuring continuity of information and leadership. A memorandum detailing the Committee's review was included in the meeting packet.

X. EXECUTIVE DIRECTOR'S REPORT:

A. Title I Project Officer Report:

- Dr. Green said applications used to be worth 85 points with Conditions of Awards (COAs) comprising the other 15. The guidance for this last application suggested that COAs no longer carried point values. Instead, EMAs were told that the application were valued for the entire 100 points. The guidance also said that COAs might be given "special consideration", though it was never been defined. OAPP has requested a definition of "special consideration" and a description of how and when it was granted. Mr. Vincent-Jones noted that OAPP submitted all COAs on time, and, as has been the case for many years running, requested and was granted an extension for the Annual Progress Report—as has been allowed and most EMAs have done as well. After the Annual Progress Report was submitted corresponding to the extension, however, OAPP was informed that it would have a negative impact—another issue the EMA is contesting.
- Mr. Vincent-Jones reported that a second Freedom on Information Act (FOIA) request would be submitted to HRSA the next day for the Title I award formula and methodology information, and the last two years of scores and figures. HRSA provided the information two years prior, so it is likely they will respond to the request favorably. The information will help determine both the EMAs ranking and factors that contributed to the cut. The information last time revealed a scoring protocol that ended up working against applications that consistently reach too high of a quality level.
- Ms. Broadus asked for more information on how funds are awarded. Mr. Vincent-Jones replied that the award is half based on an AIDS prevalence formula weighted over ten years and half on the supplemental piece derived from the application score. Once the prevalence formula is determined, the EMA is awarded a share of the available pool of resources commensurate with its proportionate share of the national prevalence. That "formula" funding amount is then

multiplied by the score, and the EMA is awarded an amount proportionate to its share of the total pool of resources when all the EMAs' formula amounts are multiplied by their respective scores. MAI is figured based on AIDS prevalence of special populations and taken out of the total pool of supplemental resources; further, any hold harmless funds that must be used are also deducted from the total pool of supplemental resources. He went on to say that, given the methodology for determining the awards, the AIDS prevalence formula is between 60-75% responsible for determining the awards—a figure that already works against most of the California EMAs in comparison to the other EMAs nationally, because HIV non-AIDS figures more prominently in the West Coast epidemic. That approach, he suggested, works against EMAs that have performed well to the extent that their efforts prevent or delay a population's disease progression to AIDS, as LA feels it has accomplished with such a focus on primary health care. He added that the way the formula is currently constructed, it supports the "status quo", and only rewards EMAs with increases if their AIDS prevalence increases or they do significantly better in the score, and relies on other EMAs doing worse in their respective categories—but does not help EMAs, such as California, that do consistently well with their applications. LA County ranked second in the country last year and fourth the two prior years. Altogether, the more consistently effective an EMA, the less easily it can demonstrate the dramatic improvement that generates increased funding.

- Mr. Vincent-Jones said that, if the new response shows similar formula problems as before, one approach to improving application performance would be to advocate for change in that process.

B. Board of Supervisors Report: There was no additional information on this point.

C. Miscellaneous:

- Statements of Economic Interest (Form 700) are due March 27th. Mr. Vincent-Jones noted staff was available to help Commissioners with their forms. Most people should be able to complete and hand them in during the meeting. Forms must be submitted to the Commission office, rather than directly to the BOS Executive Office. There are financial penalties for turning the forms in late.
- A contract has been signed with the CAO, Service Integration Branch to develop geo-mapping capabilities at the Commission over the coming year. It will provide visual mapping of such data as prevalence and location of provider sites.
- A new Administrative Assistant III, Planning Coordinator, has been hired and would start in the next couple of weeks.
- Mr. Almanza, who has been assisting the Commission as a temporary staff person for several months, would be leaving.
- Mr. Vincent-Jones said he wanted to clarify some misperceptions about the Memorandum of Understanding (MOU). It is not a HRSA requirement, though it is strongly recommended as an effective way to establish roles and responsibilities between the grantee/administrative agency and the planning council. It is expected that the Commission's part of the work will be completed in one or two weeks. There is no specific deadline. Currently, only seven other EMAs, that he knows of, have an MOU. He noted that it is incorrect that any Commission business is held up by lack of an MOU, and has personally advocated a slow approach to developing the MOU since, as a newly independent body, it is important to become more familiar with the roles, strengths and challenges of a new organization in order to better and more accurately capture the information appropriately in the document.
- Dr. Varela's appointment to the Commission had been postponed by the BOS the prior week, due to a public comment that mischaracterized the impact of the MOU issue on Board appointments. He is appointment is expected to move forward in the forthcoming weeks.

XI. STATE OFFICE OF AIDS REPORT:

- Ms. Taylor noted the Office was still waiting for the Title II award announcement from HRSA. Once received, Title II allocations will be made to ADAP, CareHIPP, the Care Services Program (consortia), and the Case Management Program. Then data technicians run the formula to determine allocations to specific grantees. The process generally takes a couple of weeks from the time of the award announcement. California receives approximately $250M in RWCA funds annually.
- She said that the HIV Care Branch's first priority is monitoring Reauthorization. Michael Montgomery was returning to Washington, D.C. to testify on Reauthorization. The proposed Coburn legislation has been released and comprises much of the language that it had been hoped would have been dropped. She encouraged continued advocacy.
- A names-based surveillance is expected to take four or five years to fully mature. Current language in the Coburn Bill and other proposed language all require CDC certified names-based HIV data by 2007. The Office supports a phased-in process in which HIV data would be used over a period of time, but would not be required for 100% of reportable data until 2010. Mr. Vincent-Jones noted that the Office of AIDS has been actively involved in developing models/strategies for the phase-in plan. Ms. Taylor said that she did not know how receptive decision-makers had been to those strategies.
- Mr. Engeran said he had thought it would take only about 36 months to have viable data from HIV names-based reporting. Ms. Taylor responded that, despite various estimates, she has been advised that four to five years is realistic. He then asked

if, once the bill is passed, regulations will be available quickly. Ms. Taylor said that the bill is urgently legislation so regulations allowing implementation should roll out swiftly.

- Dr. Frye agreed that it will take several years to develop a mature system, but the CDC could make allowances if the transition plan, once approved by them, is followed. Laura Lund, Office of AIDS, is spearheading development of the transition plan in conjunction with Los Angeles and San Francisco. During the transition, it is possible that the CDC would accept data for Title I and CDC purposes, but not report it out for five years in the national statistics.
- Dr. Frye said his understanding was that, for places like California that did not have five or so years' worth of names-based HIV data, they would use CDC estimates. Ms. Taylor replied that they estimate CDC figures under-report California AIDS cases by about 30%. The Coburn language is actually an improvement except for the 2007 HIV data implementation date. There is also no guarantee that the CDC estimates would be used unless there is legislation language enacted to back it up.
- Mr. Pérez said the Coburn Bill eliminates 80/20 counting, or what he calls "epicenter weighting", which could strongly impact the Title II award in future years by removing remove LA County case reports from the Title II award. The change would result in a loss of about $20 million statewide, adversely impacting LA County since the Title II consortium funding for the County (about $3 million) comes from these resources. He added that he felt that Title I, overall, is under attack.
- Ms. DeAugustine asked if there was not a Kennedy Bill in addition to the Coburn Bill, and, if so, was there an attempt to reconcile the bills. Mr. Vincent-Jones noted that Senators Kennedy and Enzi are the majority and ranking members of the Senate HELP Committee which has oversight of CARE Act Reauthorization. He said most people believe that Reauthorization will be a bicameral, bipartisan bill from that committee. Senator Coburn is not on the committee, but was involved in the last Reauthorization when he was in the House. He developed his own bill to reflect his views, though it may have backfired by angering others because he bypassed the traditional process.

XII. LUNCH RECESS

XIII. OFFICE OF AIDS PROGRAMS AND POLICY REPORT:

A. Year 16 Title I and CDC Awards:

1. **RWCA Title I**: Mr. Pérez reported that OAPP had been notified of the Year 16 Title I Award was received February 25th. The award is $34.8 million, reflecting a reduction of $1.983 million. OAPP had not yet received a summary of application strengths and weaknesses, which is an important part of OAPP's internal review process. He added that the prior Monday following receipt of the notification, he and Dr. Green shared the information with the Commission's Executive Committee, reiterating their commitment to work with the Commission to try to mitigate service impact in accord with the 2005 contingency plan adopted by the Commission The Health Deputies were then notified by OAPP memorandum. Care and treatment providers were then notified of the reduction by a letter that also noted the Commission's role in allocation-setting and the partnership between OAPP and the Commission in identifying how to address the issue.
2. **CDC Award**: Mr. Pérez also reported that OAPP had been notified on March 3rd that the CDC had cut all prevention cooperative agreements by 4.6%, due, in part, to a reduction in federal appropriations to HIV prevention. The CDC received a cut under last year's approved budget of 1.68% in HIV prevention funds. The funding cuts to the states, directly-funded CBOs and the six directly-funded jurisdictions was significantly higher than had been originally suggested by CDC. After combined advocacy, the March 3rd award notice was subsequently retracted, replace by a cut was announced 2.9%. That final resulting reduction was $395,880. The Health Deputies and providers were notified.
3. **OAPP's Proposed Contract Reductions Proposed from October**: Mr. Pérez reported that there are still a number of factors in the equation that remain to be resolved. There has been some progress in internal attempts to mitigate the anticipated new expenses that resulted in the proposed $1.6 million in service reductions. The reductions were never activated, in large part because award notifications had not been received. Meanwhile, a couple of weeks ago the BOS proposed 89 HIV/AIDS service agreements at the Year 15 funding level. All OAPP internal costs continue to be subject to review. Some cost savings will be identified through this process. Mr. Pérez noted that Mr. Vincent-Jones has also committed to internal Commission cost savings. Negotiations with the Auditor-Controller on the increase in fiscal monitoring costs continue. Changes in contracts for residential hospice and nursing contracts will reduce costs over the course of the year. New data costs reported in November continue to be reviewed, though it is unlikely that investment of about $200,000 will be reduced.
4. **Title II Award**: As already noted, the Title II award was not yet available.
5. **Comments/Questions:**
   - Mr. Land suggested that OAPP submit the proposed implementation of any final allocations to the Commission for approval before implementation within fifteen days of award notification. Mr. Vincent-Jones commented that the

idea had been discussed in principle at the Executive Committee meeting, as a mechanism to avoid the unintended consequences that resulted when the Year 14 allocation reductions were implemented, and that it would be a good vehicle to close the loop on the priority- and allocation-setting process. Mr. Acosta asked if the Executive Committee had taken a position on it. Mr. Vincent-Jones responded that there was there was no vote taken.

- Mr. O'Brien indicated that he did not disagree with the proposal, although the Finance Committee had not met the month prior to render a decision. In response to his question, Mr. Vincent-Jones replied that the Finance Committee already receives the final cost report. This report, he continued, would provide information on implementation of allocations decisions.
- Ms. Kaplan asked what would happen to written contracts in the event of a cut. Previously contracts went forward, but were cut later in the contract year so that reductions were compressed into fewer months. That caused disruption. Mr. Pérez replied that contracts have been in place since March 1st, and decisions would be made in the spirit of comprehensive planning, however, there is still a missing variable that is critical to moving forward. If the Title II awards represent an additional reduction—or an increase—to the Title II consortium funding then additional adjustments would need to be made. Mr. Butler supported the goal of bringing information to the table quickly so that all parties can be informed as promptly as possible to avoid late service adjustments.
- Mr. O'Brien asked if it allowed enough time for OAPP to generate the report. Mr. Pérez replied that the only caveat would be a lag in the Title II award, because the Title II notification already comes a month after, at the earliest, the Title I award. It was suggested and agreed that the motion be changed to reflect the report should be presented by the fifteenth working day after receipt of both the Title I and II awards.
- Mr. Nolledo asked if the scenarios designate cuts to service categories across the board. Mr. Vincent-Jones noted that the scenarios call for cuts across all categories to which the Commission allocates funds, including the planning council budget and program support. The administrative agency budget, although that has a federal cap and would be impacted proportionately, and quality management are not within the purview of the Commission's allocation-setting responsibilities. Mr. Nolledo said he thought that the decreased funding response in prior years had been more diversified than across-the-board cuts. Mr. Vincent-Jones responded that the Commission had no contingency plans in Year 14, when it had to make significant reductions. He said that experience prompted the Commission to always determine allocations in funding increase and decrease scenarios. For Year 16, the Commission had approved contingency plans that dictated across-the-board cuts if the Title I/II reductions were less than 7.5%. Mr. Nolledo asserted that across-the-board cuts were still unacceptable.
- Mr. Braswell noted that the contingency plans were developed and voted by the Commission to meet this kind of situation. On the other hand, it is a priority to seek ways to bring more funds into the process from other sources.

MOTION #4 ***(Land/Feuntes)***: Instruct OAPP to present an implementation plan for Title I /II allocations to service categories, corresponding to the Commission's priority- and allocations decisions, for the relevant program year on or before the fifteenth working day after receipt of both grants, or the next regularly scheduled Priorities and Planning (P&P) Committee meeting ***(Passed by Consensus)***.

- In response to Mr. O'Brien's questions, Mr. Vincent-Jones said that the Commission was submitting a FOIA request for detailed information about scores and rankings nationally. He said that he understood 33 EMAs were cut, including San Francisco with a 1.1% reduction, and that New York received an increase of about $3 million. Seven California EMAs were cut. Ms. Schwartz asked if the cuts reflect the rescission or if that was likely to be an additional cut. Mr. Pérez said OAPP believed the cut included the rescission.
- Ms. Schwartz asked about the prevention reduction. Mr. Pérez confirmed that the reduction was based on a federal percentage reduction that was applied consistently across grantees. Mr. (Richard) Hamilton asked how the $395,000 CDC cut would impact the County's prevention services. Mr. Pérez said the response plan was still being developed. Mr. Pérez said he would bring an impact report back in a few weeks. He said he was not yet certain if directly funded CBOs received additional cuts or not. Those in LA County are JWCH, Tarzana Treatment Center, AHF and two others.
- Mr. Land asked about application of the Geographic Estimate of Need (GEN) when the allocation decisions were implemented. Mr. Pérez replied that cuts would be made consistent with the GEN. Mr. Engeran said the effect of the GEN on cuts should be in the previously voted report, for example, to note in percentages how any disparities were addressed among SPAs.
- Mr. Pérez noted there are several steps in determining the GEN. First, investment is adjusted for each service category. Second, within each service category there are normally multiple contractors with different levels of investment and different proportions of effort in different SPAs.

- Mr. Engeran said the Commission would only need information on service categories down to the SPA level. Mr. Pérez said OAPP could provide that, but not within the time frame that Motion #4 detailed. He continued that investment in each SPA is determined at the contract, not service category, level. While OAPP is committed to ensuring the GEN is applied consistently across the service categories, it will take several months to determine whether the GEN investment is consistent with, for example, YR 15.
- Mr. Pérez elaborated that the body should not think that if all service categories were simply cut by 5.3% the GEN would be preserved. There are contracting differences within each service category. One might have 50 contractors. Contractors are required to have a percentage effort across the eight SPAs. If SPA 4 has a GEN of 24.5% and SPA 1 has a GEN of 3%, a 5.3% cut might result in SPA 4 at 24.45% and SPA 1 at 3.05%. The challenge is with those contractors that serve multiple SPAs.
- Mr. Land suggested a report detailing funding by zip code. Mr. Pérez said breakdowns are now available only by SPA, not zip code. Mr. Engeran and Ms. Broadus concurred the SPA breakdown is preferable because GEN is determined by SPA.

MOTION #5 ***(Engeran/Broadus)*****:** Instruct OAPP to create a report subsequent to the report on execution of the Title I/II awards indicating how the GEN is applied and what progress SPAs have made in reaching their targets GEN-consistent targets ***(Passed by Consensus)***.

- Mr. Braswell said it was important to advocate about these cuts. While it might not be possible to mitigate the reductiion, it was not too soon to ensure that next year is better with a coordinated response. He continued that it was important not simply to complain but to advocate for specific remedies.
- Ms. Broadus said it was also important to consider whether the EMA is on target regarding its approach, application and focus. She said African-American women should be emphasized more. She expressed concerns she had with the application regarding the description of African-American women, service access and retention. Mr. Braswell said there were many aspects of the application process that might be discussed, including how the EMA was represented in the application, and whether reviewers were equitable in their review.
- Mr. Land said it was important to acknowledge that this is a time of changing culture. The system must be agile in removing barriers for people of color. He felt the application did not describe the process of removing those barriers as well as some others may have done.
- Ms. Kaplan said she read the application and found it very good. The 80-page limit is a particular burden to large EMAs like this one. She felt the cut had more to do with a concern to increase funding to other jurisdictions.
- Mr. (Matt) Hamilton noted this is the sixth year of flat or rescission federal funding, which he claimed is the primary reason awards to this and 32 other EMAs were cut. He said even New York had base funding cut, with an increase in only MAI funding.
- Ms. Jackson said across the board cuts will hurt clients deeply, especially since many clients access services at more than one agency so will, in effect, suffer multiple service losses. Since the Commission has taken a voluntary cut of around 10%, she suggested that OAPP should do the same. Ms. Broadus recommended savings could be shaved from indirect costs to support services, particularly in regards to access, retention, utilization and quality of services needed to address barriers and reduce disparities. Mr. Nolledo recommended looking for ways to backfill the cuts.
- Mr. Butler re-emphasized that consumers will be hurt by these cuts. Since the first $3 million cut in March 2003, it has been apparent that services are at risk. Consumers often do not become engaged until a service they use is cut, but it is critical to engage them now.
- Mr. Land reminded that Commission that the work on implementing reductions has already been determined in the Year 16 priority- and allocation-setting process. Mr. Butler disagreed, since the first Comprehensive Care Plan was developed based on a budget of about $41M rather than this year's amount of less than $35M. He wondered if this system can be maintained at this level. That question, he asserted, prompts reconsideration of the priorities.
- Mr. Griggs said the community expected the Commission to determine how to maintain services despite the cuts. He felt letters were of minimal value compared to addressing the reality of ensuring continuing care.
- Ms. Watt reminded everyone that the Commission cannot afford to bicker among itself, referring to some allusions and offensive language during the discussion, and the Commission represents a large and diverse constituency of people with HIV who need the best and most effective services available. Mssrs. Page and Lewis concurred with the comments.

MOTION #6 ***(Braswell/Bailey)***:

A) The Finance and Priorities and Planning (P&P) Committees present a plan for approval at the April Commission meeting:

1) verifying last year's priority- and allocation-setting process to ensure the contingency planning and process complied with Commission priorities, maximized services for the greatest amount of services for the most people;
2) identifying possible backfilling strategies that might mitigate the reductions.

B) The Public Policy and the Recruitment, Diversity and Bylaws (RD&B) Committees will create and implement an advocacy plan to mobilize consumers and to inform the community quickly about the threat to services, and report back to it at the next Commission meeting ***(Passed by Consensus)***.

- Mr. Engeran recommended a multi-pronged, coordinated approach with messages tailored to the different audiences, for example, the Congressional delegation and the community, and a variety of media. He noted that the Public Policy Committee could consider approaches to the various audiences at its next meeting. Mr. Butler noted that three years ago there were similar conversations. He felt documents from those previous discussions would help inform the committees' work now.
- Ms. Broadus said without political muscle, our actions are likely to be seen as weak and whiney by HRSA. Mr. Braswell said the Public Policy and RD&B workgroup would be developing a true plan that would be implemented immediately. Ms. Broadus added that a previous effort never really engaged the larger community. That engagement now, she felt, was critical. Any press conference, for example, should reflect all of the populations in the community. Mr. Van Voorst asked that efforts be made to ensure collaboration so that task forces can fully participate.
- Mr. Engeran noted that during the conversations around SB 945 and now SB 699, the LGBT Caucus was adamant that they would not allow cuts to occur regardless of names reporting. He suggested approaching the LGBT now and noting that our formula award might have been different if California had converted to names reporting earlier. Based on their earlier pledge that California would not lose money, he recommended asking them to help replace it. Mr. Vincent-Jones said it would be appropriate to approach the Caucus, but said the formula award would not have been affected yet regardless of the resolution of names reporting, so that could not be the basis of the approach.
- Ms. Schwartz noted that community advocacy reduced the cut to the budget of the City of Los AIDS Office from 30% to what now looks to be about 10%. While still difficult, that is a vast improvement.
- Ms. Ocamb, News Editor, "In Los Angeles Magazine", a LGBT publication, offered to write a story for the next issue emphasizing outrage over the cuts and inviting people to attend the next meeting. She noted that this is an election year in which press will be a valuable addition to letters.
- Ms. DeAugustine said the response would need to not only incorporate a letter, but also tactics like coalition-building and broad engagement of local officials. Ms. Forrest asked that the letter be disseminated quickly.
- Ms. Watt stated that, while letters generated by the Commission are valuable, letters from consumers are likely to generate the stronger response. While providers might feel uncomfortable advising consumers of potential cuts to services they use, it is important that consumers' voices are heard. She encouraged everyone to look for opportunities, like waiting rooms, to provide consumers with paper and pens to write letters of their own.
- Mr. (Matt) Hamilton suggested that forms be available for community people to complete. Mr. Braswell noted that the Commission could not write sample letters, but could assist providers in supporting their consumers whether with key points and/or with a simple form letter. He also said the Los Angeles Gay & Lesbian Center would probably draft a petition-style letter for their clients to sign. He welcomed others to use it. It was requested, and he agreed, to put it on their website for ease of access. He added that some people are going to Sacramento on March 14th to discuss budget issues and the cuts will top the agenda. He said AIDSWatch will be in May. There is concern about a range of cuts in this election year, including Medicaid and Medicare.
- Ms. Monterossa said, while letters are useful in some areas, they do not reach those she represents. Women of color, Latinas, the homeless, and those with limited literacy do not respond to printed materials. One approach to capturing feedback from those populations would be to host and tape public forums.
- Mr. McCoy said it was important to determine why the award was cut in order to better address it. It was generally agreed that more information can be helpful, but should not delay needed action.

MOTION #7 ***(O'Brien/Land)***: Send a letter within a week to the California Congressional delegation, the Board of Supervisors, and other elected official stakeholders expressing outrage over the loss of $2 million in Title I funds ***(Passed: Ayes—20; Noes—0; Abstentions—5)***.

A. Quality Management Cycle:

- Dr. King, OAPP's Medical Director, provided a presentation on the new Quality Management program. She noted that it is a tiered program, including provider and Commission engagement. She addressed three components: 1) definition of quality management, which builds on information presented by Kathleen Clanon six months ago; 2) a review of OAPP's program; and 3) an update on next steps.

- The key to Quality Management (QM) is that it is basically composed of Quality Assurance (QA) + Quality Improvement (QI). OAPP's program consists of: contract monitoring for QA and QI, complaints/warm-line, standards of care development in conjunction with the Commission, HIV Performance Improvement and Evaluation (HIV-PPIE), and the Quality Management Steering Committee.
- Contract monitoring ensures that contracted services and fiscal agreements are being met (QA) and ensures that areas of potential improvement are identified and addressed in a consistent and continuing manner (QI). A key concern with QI is to ensure that agencies have a process with a plan and managing committee to maintain progress and avert backsliding.
- Previously, it was common for agencies with multiple contracts to have different Quality Management Plans for each contract. Older contracts still carry such language. Newer contracts, however, require one QM Plan for the entire agency. Staff in medical service categories are commonly more skilled in QI than staff in other service categories. By pulling staff together into one committee, efficiencies and knowledge of the group increases. Newer contracts are also moving toward specifying indicators.
- Incoming warm-line complaints will be sorted by whether they are OAPP-related or need to be referred to an outside agency. Investigations are usually resolved within 30 days. Documented complaints increased notably in 2005. That is probably due to better complaint tracking. It is likely that complaints will continue to rise for a few years as the system improves. It is then expected to level off. Most complaints concern lack of respect. Agencies will be provided the new warm-line number in May 2006. The Standards of Care (SOC) Committee will receive a quarterly complaint report.
- SOC creates and revises standards, using current service descriptions and contracts, along with many other resources. The standards are then incorporated into contracts to guide services. Four standards approved by the Commission have already been incorporated into contracts.
- HIVPPIE is a new initiative to develop a quality program for all service categories, building on the New York HIVQUAL Program model. Standardized indicators are being established with the standards, and will continue to be established across the EMA, with all stakeholders encouraged to help develop them.
- Contract monitoring reports were used, in conjunction with agency phone interviews and monthly reports, to establish initial baseline performance indicators for YR 13. While some information was gleaned from the YR 13 review, it was labor intensive to collect the material, there were reporting variances and sample sizes were small.
- CaseWatch, a database for the CARE Act data report, was used to review YR 14 data. Primary limitations of the review using CaseWatch were that not all providers participated, not all had 100% data submission and there was no data verification. While agencies did not meet all indicators either year, YR 14 compliance was worse than YR 13 for indicators studied.
- The next effort will begin with a Medical Outpatient QI Workshop on April5, 2006 to initiate a renewed effort focused on that service category. Eventually data will be identified by agency. That is not done now, because its accuracy is not verifiable. Once Medical Outpatient information has reached a level of quality, the same process will be initiated with other service categories until all are sufficiently developed to produce an annual report.
- Quality analysis will include not only agencies, but geographic areas, ethnicities and gender. Just as agencies are required to have a QM Committee, OAPP also has one called the Quality Management Steering Committee (QMSC). As with agencies, its purpose is to improve OAPP quality of service.
- Mr. Farias asked if those without insurance are identified by ethnicity. Dr. King said they were, though the analysis was not complete as of yet. Mr. Farias also asked how much data is not input at all versus data that is input incorrectly. Dr. King noted that everyone is now on CaseWatch, so the YR 15 data should be complete. It is not yet possible to determine the accuracy percentage.
- Mr. Skinner noted some agencies seemed to have consistently higher scores. He asked if that indicated any geographical or ethnic trend. Dr. King answered that some clinics, both in African-American and white areas, have already engaged in QM work. They are more likely to have higher compliance percentages. Mr. Skinner also noted differences among tests. Dr. King noted that some clinics are more comfortable or focused on certain populations which may affect their tests. For example, a women's clinic is likely to do more pap smears. In other cases, it may reflect more physician training. Analysis of these differences is ongoing.
- Ms. Broadus noted that women of color tend to be diagnosed later in the disease process. She was interested in whether that revolved around the nature of subpopulations or because of a lack of testing accessibility. She also felt that the pap smear numbers may indicate lack of access for women. Dr. King noted that, while valid questions, the data are too preliminary to address them as yet.
- Mr. Vincent-Jones asked who was surveyed on agency satisfaction, clients or the agency. Dr. King said the survey is sent to the agency's Executive Director. He also asked if it was a challenge to get agencies to adopt one QM plan,

especially since many medical outpatient providers have different requirements from different funding streams. Dr. King replied that it had not yet been a problem.

XIV. HIV EPIDEMIOLOGY PROGRAM REPORT: Dr. Frye postponed the HIV Epi report and deferred until the P&P Committee Report.

XV. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Ms. Watt reported that there was a presentation from Las Wall Las Memorias and Palms Residential Care on faith-based services at the March 2, 2006 meeting.
- She indicated that several people attended the UCHAPS meeting in Houston and reported on the Technical Assistance provided on rapid testing. Dr. Branson, CDC, presented and there was discussion about the plusesminuses of initiating it.
- The PPC has formed an Ad Hoc Public Policy Committee has been formed. It is viewed as a transitional step toward a standing committee.
- The MSM African-American Task Force will have one more meeting before forwarding its recommendations. She noted that several jurisdictions at the UCHAPS meeting, in particular New York, have had difficulty in developing such a task force. They expressed interest in the LA County results. She complimented Jeff King for his work in developing the Task Force, which includes three PPC members and strong community representation. The next meeting is March 23rd.
- Ms. Broadus asked about PPC recruitment. Ms. Watt said three new applications were brought forward at the last meeting. Mr. Pérez will be reviewing them for final approval. Applications continue to come in, with about fourteen on a review list.
- Ms. Broadus said it appeared to her that most colloquia focus on MSM. She is concerned about more research on women, especially since some 40% or more new diagnoses are not classified under current high-risk groups. Ms. Watt replied that three or four colloquia recently have been targeted specifically to women. Ms. Watt noted that the BRGs all include "and partners" which is often a link to women's exposure. Ms. Watt also noted that testing protocols have changed as well, so that it is no longer necessary to fit a particular BRG in order to access testing.
- Dr. Frye contributed that the National Behavioral Risk Surveys, the largest CDC behavioral study, began the first year with a focus on MSM. The second year was focused on IDU. The focus for this, the third year, will be high risk heterosexual men and women. That cycle will continue to repeat each three years. He added HIV Epidemiology has also done some studies on women, especially women of color, at sexual risk. He considered the primary cause for low testing rates was not lack of access, but low perception of risk by the women.
- Mr. Lewis asked about prevention education for women at agencies that ordinarily provide their care. Ms. Broadus contested that there is a restrictive view of "women at sexual risk". She stated any woman of unknown status who has had unprotected sex with a male partner of unknown status should be able to receive a routine HIV test, six month follow-up and prevention education. The agency's survey of HIV+ gay, bisexual, same gender-loving or heterosexual men unanimously reported they would not disclose sex with a man or unprotected sex to their female partners out of fear they would be rejected, would be considered less manly, and/or their status would be revealed to others.
- Ms. Pérez said she had two STDs at the age of 17, yet did not see herself at risk. She said it was important to educate youth as well. Ms. Watt confirmed that youth are prioritized.

XVI. TASK FORCE REPORTS:

A. Commission Task Forces: There were no reports.
B. Community Task Forces: There were no reports.

XVII. RECESS

XVIII. STANDING COMMITTEE REPORTS:

A. Standards of Care (SOC) Committee: Mr. Braswell noted the two standards in the packet with their PowerPoint presentations were being opened for public comment until March 29th. Despite adding two new standards to the timeline, the development process is continuing to move well.

1. ***Benefits Specialty Standards of Care:*** Mr. Braswell said this standard is to ensure that HIV+ clients can access benefits and entitlement programs for which they are eligible.
    - Assessment of eligibility, assistance with paperwork and appeals counseling are the key components. HIV services are supported through resource linkage, securing public benefits, access to ancillary services and empowerment.

Tracking the client until appropriate case closure is also important. Case closure may be prompted by multiple circumstances, including a client who moves out of the area, accesses independent services or dies.

- The service is not licensed; however, there are requirements for education or experience as well as skills like interviewing, problem-solving and crisis management. Supervision and staff development are required.
- The outcome goals for completeness of service are that 100% of clients filing for benefits receive them and 80% of those complete their Benefits Service Plan. The outcome goal for satisfaction among clients is 90%.
- Units of service are in hours of benefits assessment and service plans, application assistance and appeals counseling and facilitation. The number of clients is also counted.
- It was asked who qualifies for services. Mr. Braswell replied that qualification for all services is determined by the CARE Act guidelines that include HIV+ and economic indicators. Mr. Braswell said the basic guideline is federal.
- Ms. Broadus called attention to the "Disposition of Client Advocacy" memorandum. Mr. Vincent-Jones said the document tracked the development of client advocacy, a subject whose definition has meant varying things to varying groups, and addresses how each perception has been or is being addressed. "Access to public benefits" is addressed through the new Benefits Specialty standard, "peer-to-peer support" by the Peer Support standard, "legal representation" by the Legal Services standard, "direct personal client assistance and attention" by Case Management and Benefits Specialty standards, and "ombudsman support and assistance" which will be handled through the grievance procedures. There will be continued follow-up as the various standards are completed and a consumer panel to review the final aggregate of issues at the end of the standards process. The memorandum also recommends that the MAI Committee review if the planned allocation of funds to "client advocacy" is still consistent with the understanding of what was intended previously by client advocacy.
- Mr. Braswell called attention to the memorandum on the Case Management, Transitional standard. He noted three areas discussed under this general heading: inmates leaving correctional facilities, emancipating youth, and people moving from substance abuse to sober living. The latter is addressed in the Substance Abuse standard. An expert panel on the incarcerated has been held but, lacking information about youth, a separate panel is planned for May.

2. ***Case Management, Psychosocial Standards of Care***: Mr. Braswell said the goal of this standard is to coordinate individual and self-identified individual and family care.
   - Key themes include respect, self-determination and self-sufficiency based on a comprehensive psychosocial intake and ongoing monitoring by trained staff. Psychosocial case management has been proven to improve success in HIV+ care. Clients with access to psychosocial case management also report less unmet need. Services help develop support systems, reduce client isolation and improve quality of life.
   - While currently unlicensed, OAPP Case Management Certification training and timely recertification are required. In addition, supervision must be provided by a case management experienced masters or doctoral level mental health professional.
   - Benchmarks for effectiveness of service have not been established, though reporting will be done on clients able to access medical services within six months and the number of referrals linked. The number of clients reporting satisfaction with the service will also be tracked with a goal of 80%. Units of service are in hours for individual or family intake/assessment, individual or family plan development, and individual or family plan implementation. Linked referrals and clients are tracked by number.
   - Ms. Broadus asked how Case Management, Psychosocial differs from Peer Support. She expressed concern that people might lose peer support. Mr. Braswell said the two services differ. Mr. Vincent-Jones noted that peer support is for those seeking interaction, counseling and guidance from peers; case management is devoted to accessing services and care. He added that peers provide most peer support services, while agency professionals provide case management services.
   - Ms. Broadus asked for a definition of the acuity level. Mr. Vincent-Jones responded that a distinction between acuity levels in the two standards could be reviewed, and improved if necessary.
   - Mr. Farias called attention to "refraining from exploiting client trust" under ethical standards. He said he had not seen that in other standards and wondered if there was a particular reason for its inclusion. Mr. Braswell said the subject was discussed and the specific reference was added to this standard because of the potential interaction with family members. Mr. Farias suggested that ethical standard be reworded since "refrain" implies existing activity from which providers are asked to "refrain". Mr. Braswell suggested he submit the comment.
3. ***Miscellaneous: Medicare Part D Recommendations***: Mr. Braswell also called attention to the Medicare Part D recommendations. The primary problem has been share-of-cost and accumulation of multiple co-pays over a month. According to one SOC member, Social Security bases share-of cost on a basic living expenses cost of $600 set in 1974. SOC requested Public Policy verify that and, if accurate, initiate advocacy to change it.

B. Priorities and Planning (P&P) Committee:

1. ***Needs Assessment***: Mr. Land thanked the P&P Committee members and members of the public for their contributions to the Needs Assessment.
   - Dr. Frye noted that Data sources include the HIV Epidemiology Program's HIV/AIDS reporting system (HARS), the Commission's HIV Care Assessment Project (H-CAP), and OAPP's CaseWatch. He added that in the packet it says prevalence is for 2004, but the figures are actually for 2005. It is estimated that there are approximately 55,000 people overall living with HIV or AIDS in LAC. Those aware of serostatus who received no care number approximately 14,000 and constitute "unmet need".
   - The largest group of those living with AIDS, 65%, is MSM. The second largest, 14%, is men and women with no identified risk. In declining order, other categories are: MSM IDU, heterosexual IDU, and high risk heterosexuals. About 89% of PLWH/A are men; 11% women. Most women are IDUs, but may have been exposed either way. Similarly, H-CAP found men, 87%, and women, 11%. Ethnically, the breakdown is white, 365, Latino, 37%, and African-American, 22%.
   - County population generally is 45% Latino, 33% Anglo, 13% Asian-Pacific Islanders, 10% African-American and less than 1% American Indian. By race/ethnicity: about 40% are now Latinos, Anglos are second, African-Americans are next with 21%, Asian Pacific Islanders have about 3% of cases and Native American also have a small number of cases. While Latinos and Anglos both represent large numbers of PWH/A, African-American represent a disproportionate percentage of PLWH/A of 22-25%. Dr. Frye noted that fatalities are highest among African-Americans, who also have the highest rate of AIDS. Overall, among all ethnicities, the fatality rate has declined by almost half and the AIDS rate is also declining.
   - Cases are trending upward. While treatment is extending care and deferring AIDS, fewer deaths combined with new infections are increasing the number of cases. It is now believed that the population is about 50/50 HIV and AIDS. It was previously thought that there was a 1.5 ratio.
   - SPA 4 has 12% of the LAC population, but 38% of estimated cases. SPAs 1, 2, 3 and 7 have fewer cases than estimated and SPAs 5, 6 and 8 have prevalence proportionate to population. Most hot spots are around SPA 4, with other spikes observable in SPA 8 (Long Beach) and southern SPA 6. Zip codes around downtown, West Hollywood and, especially, Hollywood, where high risk gay and heterosexual men are present in addition to IDUs and a large number of people living in poverty.
   - Mr. Goodman noted there were 409 H-CAP participants, relatively well distributed over various groups. This was lower than had been hoped and only 24% of participants returned from 2004. The sample was weighted back to represent all PLWH/A.
   - The H-CAP survey covers a broad range of topics including demographics, benefits, medical history, co-morbidities, service awareness, barriers and substance use. Questions are designed to offer a list of possible answers so that respondents can answer easily either yes or no, or by choosing a quantifier like "very small" (problem), "small", "moderate", "big" or 'very big". Data analysis was done by gender, ethnicity/race, and risk group. Over-sampling was done to maintain representation.
   - By 2003, Latinos represent about 43% of new diagnoses, Anglos about 32%, African-Americans about 21%, Asian Pacific-Islanders about 3% and Native Americans less than 1%. SPA 4 has the most new cases with about 34% for 2003, followed by SPA 8 with 18%, SPA 2 with 14%, SPA 6 with 13%, SPA 3 with 7%, SPAs 5 and 6 with about 6% each, and SPA 1 with 1%.
   - Dr. Long noted that about 80% of the sample was taking antiviral medication and about 50% was on antibiotics. Regarding adherence, Latinos have the highest, but adherence overall is fairly good.
   - Asymptomatic and PWAs reported the best health, with symptomatic PWH reporting the poorest. The largest percent of change in health with medication was reported by PWAs and the smallest by PWHs. Emotional health trends follow physical health, with PWH symptomatic people reporting the poorest health. This could indicate issues in transition.
   - Of the 409 H-CAP participants, 168 had incomplete service needs data. Data were drawn from the 241 remaining. Service needs were ranked by the participants with the top five being medical outpatient, dental, nutritional education, medical specialty and prevention.
   - The services of most concern were bus passes, food pantry and food vouchers. Patient care coordination was considered particularly important. Peer support, legal services and emergency financial assistance were other needs important for economic well-being and service enhancement.
   - There are service need differences by gender. Other than outpatient medical and housing information, women consistently expressed a need for more services than men.

- All ethnicities rank medical outpatient as their first priority and all but African-Americans rank oral health care second. Ethnicities vary in their rankings of other services. Similar differences are reflected among risk groups. Such information should inform prioritization of services among populations.
- Other than prevention at the doctor's office, participants reported greater need than the services they received. Even so, more people received a service than indicated they were aware of it.
- Dr. Frye noted the three types of barriers reviewed: individual, structural and organizational. The largest individual barrier did not believe the service was needed. The largest structural barriers were lack of insurance coverage and lack of transportation. Organizational barriers ranked highest were fear of a confidentially breach and poor experience with providers.
- Dr. Frye has made a key linking the actual questions of the questionnaire with the slides. Anyone wishing a copy may ask him for one. It was noted that tables are also in the Needs Assessment in the packet.
- Ms. Watt said that, while there are 14 slides of conclusions, it has been suggested to address the conclusions next month after everyone has had the opportunity to review the material.
- Ms. Broadus suggested that the Needs Assessment might go out for public comment since conclusions are drawn from the data. Mr. Farias noted the conclusions are objectively drawn from the survey data. Dr. Long pointed out there is a difference between public comment and public awareness. Dissemination of these findings is appropriate. Ms. Watt encouraged people to do so.
- Ms. Watt noted that that 57 providers were asked to participate and only 20 did. Mr. (Richard) Hamilton asked why so many providers did not participate. Mr. Land said letters were sent to the Executive Directors and there was a mandatory training with OAPP. Ms. Watt said Committee members personally called agencies who did not respond.

C. Public Policy Committee:

1. ***SB 699: Name-Based HIV Reporting***: Mr. Engeran reported that the bill looked like it would go to the Assembly the following week and the Senate shortly thereafter. It is hoped the Bill will be passed within a couple of weeks.
2. ***CARE Act Reauthorization***: Ms. Schwartz said the discussion addressed most issues, but there was background information in the packet. Mr. Vincent-Jones recommended especially reading C.2.e, the California Capitol Hill Bulletin, HELP Hearings, 3/3/06. He felt it demonstrated a significant bias against California.
3. ***Miscellaneous***: There were no additional comments.

D. Recruitment, Diversity and Bylaws (RD&B) Committee: Mr. Butler noted the meeting has moved to the third Thursday of the month from 10:00 a.m. to 12:00 noon. The Committee will begin reviewing applications in April.

1. ***Member Duty Statements***: The Health Care Provider duty statement was provided in the packet. Mr. Butler welcomed Dr. Varela who will fill the seat.

E. Finance Committee: Mr. O'Brien noted the Committee did not meet during the past month.

1. ***Financial Reports***: Actuals from the prior year are not as yet ready, but the numbers do reflect more complete data.

XIX. ANNOUNCEMENTS:

- Mr. Engeran said Long Beach was having its third Gay Men's Health Summit on Saturday, March 18th, 9:30 a.m. to 4:00 pm. He had fliers available.
- Ms. DeAugustine said there was an article in the Washington Post on a study that linked the rise in HIV+ among African-Americans and incarceration. She offered to send the link to anyone interested.
- Ms. Schwartz said the City of Los Angeles Prevention RFP would go to Council for approval March 10th and hoped to release it the following Wednesday.

XX. ADJOURNMENT: Mr. Bailey adjourned the meeting at 5:05 p.m.

A. Roll Call: End-of-the meeting roll call was not taken.

MOTION AND VOTING SUMMARY		
MOTION #1*(O'Brien/Land)*: Postpone action on AB 2383 after Item III, Public Hearing, until the April meeting in order to extend the discussion on funding cuts.	**Ayes:** *Acosta, Bailey, Butler, Carter, Chavez, Crews-Rhoden, DeAugustine, Farias, Fuentes, Giugni, Hamilton, Land, Long, Nolledo, O'Brien, Palmeros, Pérez, Skinner, Stockton, Taylor, Bailey* **Noes:** *Braswell, Engeran, Goodman, Griggs, Schwartz* **Abstentions:** *King, Snyder, Younai*	**MOTION PASSED** **Ayes**: 20 **Opposed**: 5 **Abstentions**: 3
MOTION #1A *(O'Brien/Land)*: Approve the Agenda Order, as amended.	**Ayes:** *Acosta, Bailey, Braswell, Butler, Carter, Chavez, Crews-Rhoden, DeAugustine, Farias, Fuentes, Giugni, King, Land, Long, Nolledo, O'Brien, Orozco, Palmeros, Schwartz, Skinner, Stockton, Younai* **Noes:** *Broadus, Engeran, Goodman, Griggs, Hamilton* **Abstentions:** *Pérez, Taylor*	**MOTION PASSED** **Ayes**: 22 **Opposed**: 5 **Abstentions**: 2
MOTION #2: Support AB 2383 if amended accordingly: ▪ provide HIV testing upon exit and entry; ▪ referral to PCRS and community-based care, treatment, mental health and case management services; ▪ specifically outline the process for enrollment in PCRS and the length of time inmates would be enrolled in PCRS; ▪ delete subsection E, Section 7506; ▪ provide care and treatment services to HIV-diagnosed individuals in accordance with approved standards of care; ▪ notification of HIV serostatus should not go through parole officer; ▪ incorporate an anti-discrimination provision protecting HIV+ inmates.	***Postponed***	**MOTION POSTPONED**
MOTION #3: Approve the minutes from the February 9, 2006 Commission on HIV meeting with correction as noted.	***Passed by Consensus***	**MOTION PASSED**
MOTION #4 *(Land/Fuentes)*: Instruct OAPP to present an implementation plan for Title I /II allocations to service categories, corresponding to the Commission's priority- and allocations decisions, for the relevant program year on or before the fifteenth working day after receipt of both grants, or the next regularly scheduled Priorities and Planning (P&P) Committee meeting	***Passed by Consensus***	**MOTION PASSED**
MOTION #5 *(Engeran/Broadus)*: Instruct OAPP to create a report subsequent to the report on execution of the Title I/II awards indicating how the GEN is applied and what progress SPAs have made in reaching their targets GEN-	***Passed by Consensus***	**MOTION PASSED**

MOTION AND VOTING SUMMARY		
consistent targets		
MOTION #6 ***(Braswell/Bailey)***: A) The Finance and Priorities and Planning (P&P) Committees present a plan for approval at the April Commission meeting: 1) verifying last year's priority- and allocation-setting process to ensure the contingency planning and process complied with Commission priorities, maximized services for the greatest amount of services for the most people; 2) identifying possible backfilling strategies that might mitigate the reductions. B) The Public Policy and the Recruitment, Diversity and Bylaws (RD&B) Committees will create and implement an advocacy plan to mobilize consumers and to inform the community quickly about the threat to services, and report back to it at the next Commission meeting	***Passed by Consensus***	**MOTION PASSED**
MOTION #7 ***(O'Brien/Land)***: Send a letter within a week to the California Congressional Delegation, the Board of Supervisors, and other elected official stakeholders expressing outrage over the loss of $2 million in Title I funds.	**Ayes:** *Acosta, Bailey, Braswell, Butler, Carter, Chavez, Crews-Rhoden, DeAugustine, Engeran, Farias, Fuentes, Goodman, King, Land, Nolledo, O'Brien, Orozco, Pérez, Schwartz, Skinner* **Noes:** *none* **Abstentions:** *Broadus, Griggs, Hamilton, Long, Taylor*	**MOTION PASSED** **Ayes**: 20 **Opposed**: 0 **Abstentions**: 5